



Indiana Bond Bank
Hoosier Equipment Lease Purchase (HELP) Program
APPLICATION

DATE: ____/____/____

LESSEE INFORMATION

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Federal ID: _____

Contact: _____

Phone: _____

Fax: _____

Email: _____

BILLING ADDRESS (IF DIFFERENT):

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact: _____

Phone: _____

Fax: _____

EQUIPMENT

Equipment Description (year, make, model): _____

AMOUNT

Equipment Cost: _____

Down Payment: _____

Trade-In: _____

Amount Requested: _____

Expected Delivery Date: _____

Financing Term: _____

Payment* (Annual/Semi/Qtrly/Mo): _____

First Payment date (preference): _____

Fund Used to pay for the Equipment _____

*Due the 1st day of the month for any mode.

ESSENTIAL USE

Is the equipment being purchased under the State's QPA?

Yes

No

Does the proposed equipment replace existing equipment?

Yes

No

If YES, what is the age and type of equipment being replaced? _____

If NO, why is the additional equipment needed? _____

What function does the proposed equipment perform? _____

Do you anticipate issuing more than \$10,000,000 in debt (including leases) during the current calendar year? Yes No

If yes, explain _____

Four largest taxpayers in tax base:

Assessed Value

1. _____

2. _____

3. _____

4. _____

Please email, mail or fax application to:

Indiana Bond Bank
10 West Market Street, Suite 2980
Indianapolis, IN 46204

bondbank@inbondbank.com
(Fax) 317-233-0894

The Bond Bank program eliminates the need to bid the financing (IC 5-1.5-8-3(c)). The governing body must still follow the provisions of the public purchase law (IC 5-22-2) as applicable. The Bond Bank will be provided copies of all lease documentation at closing by the lease provider. Please contact your local or bond counsel regarding repayment of your equipment lease using your debt service fund.